

Application Data Sheet

Application Information

Application number::
Filing Date:: 08/19/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??::
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: ADVANCED CALL SCREENING APPLIANCE
Attorney Docket Number:: 020366-091400US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 4A
Total Drawing Sheets:: 10
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Steven
Middle Name:: M.
Family Name:: Casey
City of Residence:: Littleton
State or Province of Residence:: CO
Country of Residence:: US
Street of Mailing Address:: 6265 West Sumac Avenue
City of Mailing Address:: Littleton
State or Province of mailing address:: CO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 80123

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bruce
Middle Name:: A.
Family Name:: Phillips
City of Residence:: Erie
State or Province of Residence:: CO
Country of Residence:: US
Street of Mailing Address:: 1342 Washburn Street
City of Mailing Address:: Erie
State or Province of mailing address:: CO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 80516

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary Associate	38,464 43,616	Darin J. Gibby Thomas D. Franklin

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::